

**FINANCIAL AFFIDAVIT**CJA 23  
(Rev. 5/98)

IN SUPPORT OF REQUEST FOR ATTORNEY EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE

IN UNITED STATES  
IN THE CASE OF MAGISTRATE  DISTRICT  APPEALS COURT or  OTHER PANEL (Specify below)vs. FREEMAN

FOR

FILED

AT

12-18-07

DEC 18 2007

LOCATION NUMBER

ND-6

PERSON REPRESENTED (Show your full name)

DANIEL HILLCHARGE/OFFENSE (describe if applicable & check box)  Felony  Misdemeanor

21 USC 841

Magistrate Judge Sig. Schankier  
United States District Court Defendant - Adult Defendant - Juvenile Probation Violator Parole Violator Habeas Petitioner 2255 Petitioner Material Witness Other (Specify) \_\_\_\_\_

DOCKET NUMBERS

Magistrate

District Court

07-cr-843-3

Court of Appeals

**ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY**

EMPLOYMENT	Are you now employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self Employed	
	Name and address of employer: _____	
	IF YES, how much do you earn per month? \$ _____	IF NO, give month and year of last employment How much did you earn per month? \$ _____
	If married is your Spouse employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	IF YES, how much does your Spouse earn per month? \$ _____	If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____
ASSETS	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	RECEIVED	SOURCES
	IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY \$ _____ THE SOURCES _____	_____
CASH	Have you any cash on hand or money in savings or checking account <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, state total amount \$ _____	
PROPERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	VALUE	DESCRIPTION
IF YES, GIVE THE VALUE AND \$ _____ DESCRIBE IT _____	_____	_____

OBLIGATIONS & DEBTS	MARITAL STATUS	Total No. of Dependents	List persons you actually support and your relationship to them	
	<input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR DIVORCED	5	_____	
DEPENDENTS	APARTMENT OR HOME:	Creditors	Total Debt	Monthly Payt.
DEBTS & MONTHLY BILLS (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)	_____	_____	\$ _____	\$ _____
	_____	_____	\$ _____	\$ _____
	_____	_____	\$ _____	\$ _____
	_____	_____	\$ _____	\$ _____

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date)

12/18/07

SIGNATURE OF DEFENDANT  
(OR PERSON REPRESENTED)X J.H. Hill